

{ motion to reschedule the default hearing
& continue my case at the Federal Court.

civil # 04-12648 MLW.

Dear Judge Wolf,

As Pro-Se, I always follow the requests from the court.

- On 9.16.04, I received the "dismissal and notice of rights" from U.S. Equal Employment Opportunity Com. so the next step, I must have filed a law suit.
- On 10-4-04, I spoke with Ms. Susan Tennesse about my case at the Pro-Se department. She told me "I can file my case at the Federal Court".
- On 8-24-05, Judge Wolf "granted" me the Marshals Service to the defendants.
- On 9-30-05, The Marshals served the summons and the complaints to the defendants.
- Ms Valerie, the defendant has had the audacities to fabricate my employment - file, lied to the DFT, Mass Board of Review, Mass Public Health. That's why she lost. I do not know where she is now/fd. The letters are sent back to me. (Please see notices from Post office)
- I checked with the Secretary of the state, there is the same address that she registers with the state. The building now is closed.
- I was wrongfully terminated on 3.7.01, over 5 years ago. I have waited so long for the hearing before this court.

(over)

- I can not afford the financial to find her. There is no reason for me to file another law-suit with different court. She has never sent me any copies that she was supposed too. She just disappeared, she totally ignored me and the court. (I sent copies of complaints & notices to her.)
- The default hearing was scheduled on 8.18.06 Just 2 days before this hearing. I received the "cancelled" on 8.16.06 wednesday.
- As Pro-Se, I hope the court can reschedule the default hearing, deferred hearing... and let me continue my case at the Federal court. Hopefully I can complete the case this year 2006
- Legally, Financially, mentally, morally... I deserve at least a hearing with this court.

Thank you for your attention to this matter.

Sincerely,
Loc Nguyen
Pro-Se

C.A. No. 04-12648MLW

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER						
DEFENDANT	TYPE OF PROCESS						
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Individuals and Businesses, D.A. and Criminal Trial Hearings</i>						
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>66 Tenth Street, Dept. 14A, 01902</i>						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							
<input type="checkbox"/> <i>Loc N. Green</i> <i>1721 1/2 Main Street, #208</i> <input type="checkbox"/> <i>1721 1/2 Main Street, 01902</i>							
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> </table>		Number of process to be served with this Form - 285		Number of parties to be served in this case		Check for service on U.S.A.	<input checked="" type="checkbox"/> <input type="checkbox"/>
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service).

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**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF	<i>LAW OFFICES OF</i>	COURT CASE NUMBER	<i>C.A. 04-12648-MLW</i>
DEFENDANT	<i>DR. CATHERINE M. VOLANTE - NURSING HOME STAFF</i>	TYPE OF PROCESS	
SERVE  AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>DR. CATHERINE M. VOLANTE - NURSING HOME STAFF</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>10 Jefferson St. Bronx, NY 10452</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<input type="checkbox"/>
<i>LAW OFFICES OF</i> <i>10 Jefferson St. Bronx, NY 10452</i>		Number of parties to be served in this case	<input type="checkbox"/>
		Check for service on U.S.A.	<input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

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Fold

LET - SEE 1 hour - 4 pm, PASS - FR. 04/

Signature of Attorney or other Originator requesting service on behalf of: <i>[Signature]</i>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>781-595-3352</i>	DATE <i>4/1/05</i>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>1</i>	District of Origin <i>No. 38</i>	District to Serve <i>No. 38</i>	Signature of Authorized USMS Deputy or Clerk <i>Moneey J. Deasee</i>	Date <i>4/1/05</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>NURSE - CATHY - NURSING HOME STAFF</i>	A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above) <i>500mt</i>	Date of Service <i>4/30/05</i>	Time <i>25</i>	am <i>pm</i>
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Service Fee <i>45.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>45.00</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: *SERVED EMPLOYEE OF DR. CATHERINE M. VOLANTE - NURSING HOME STAFF - CATHY,*

NOTE

CA#12645mlw

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Carol Valeri 66 Johnson Street Lynn, MA 01902</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7005 2570 0002 3412 0309</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Carol Valeri 36 Daytona RD Lynn, MA 01904</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7005 2570 0002 3412 0316</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Loc D. Nugeyen
192 Washington Street Apt208
Lynn Ma 01902

BOSTON MA 021

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CA # 04-12648 MLW

Carol Valeri
66 Johnson Street
Lynn, Ma 01902

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CA # 04-12648 MLW

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Lynn Carroll Nursing Home*

Sachem Associates, Incorporated
66 Johnson Street
Lynn, Ma 01902

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NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 01902474858 *1521-01843-27-40
01902474858 01902474858

CA# 04-12648 MLW



***** WELCOME TO *****
 EVERETT STATION
 EVERETT POST OFFICE
 11 Norwood St.
 Everett, Ma. 02149
 07/27/06 05:14PM

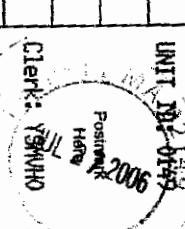
Store USPS	Trans 88
Wkstn sys5004	Cashier YSMVHO
Cashier's Name	ARMAND
Stock Unit Id	SIAARMAND
PO Phone Number	617-387-3913
USPS #	2407980149

1. First Class	4.64
Destination:	01902
Weight:	0.70 oz.
Postage Type:	PVI
Total Cost:	4.64
Base Rate:	0.39
SERVICES	
Certified Mail	2.40
70052570000234120293	
Rtn Recpt (Green Card)	1.85
2. First Class	4.64
Destination:	01902
Weight:	0.70 oz.
Postage Type:	PVI
Total Cost:	4.64
Base Rate:	0.39
SERVICES	
Certified Mail	2.40
70052570000234120309	
Rtn Recpt (Green Card)	1.85
3. First Class	4.64
Destination:	01904
Weight:	0.70 oz.
Postage Type:	PVI
Total Cost:	4.64
Base Rate:	0.39
SERVICES	
Certified Mail	2.40
70052570000234120316	
Rtn Recpt (Green Card)	1.85
Subtotal	13.92
Total	13.92
 Cash	15.00
Change Due	
Cash	1.08

Number of Items Sold: 3

Thank You
 Please come again!

CAT#12648 MLW

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)		For delivery information visit our website at www.usps.com	
OFFICIAL USE			
Sent To:	Carol Valeri <i>Sister, Apt. No. 36, Daytona RD.</i> <i>City, State, Zip 44214-0644</i> Lynn, MA 01904		
Postage	\$ 0.39	UNIT	1
Certified Fee	2.40		
(Endorsement Required)	1.85		
Registered Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 4.64	07/27/06	
 Postmark: 2006 Lynn, MA Clerk: YANIKO			

See Reverse for Instructions

7005 2570 0002 3412 0309		U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com			
OFFICIAL USE			
Postage	\$ 0.39	UNIT ID: 0649	
Certified Fee	2.40		
(Endorsement Required)	1.85		
Restituted Delivery Fee (Endorsement Required)	0.00		
Total Postage & Fees	\$ 4.64		
<p>Sent To:</p> <p>Carol Valeri Street, Apt No.: or P.O. Box No.: 66 Johnson Street City, State, Zip-4 Lynn, MA 01902</p> <p>RECEIVED JUL 1 2008 Postmark Here Clerk: YSNRHO</p>			